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## **Costs of Gender-Based Violence to Nigerian Households: The Tip of an Iceberg**

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Gender-Based Violence (GBV) is prevalent around the world, but a form of such violence – Intimate Partner Violence (IPV) against women – is pervasive in developing countries (Garcia-Moreno et al., 2005; WHO, 2010).

With a prevalence rate as high as 80% (EPRC, 2009), IPV ravages communities in the developing world not only by having harmful health impacts on victims (mostly women), but also by imposing financial costs on already impoverished populations of such countries (EPRC, 2009; Olayanju et al., 2013).

However, for governments and other relevant stakeholders to act and prevent this malaise, there is a need to have better understanding of the costs it imposes on the society (i.e., an estimation of the costs it imposes on individuals in the various communities). This will help appropriate the right amount of resources needed to address the problem. Nevertheless, most developing countries, especially those in Africa, are yet to robustly explore these financial/costs impacts (Duvvury et al., 2004; WHO, 2010).

To contribute towards bridging this chasm in knowledge, this paper is based on a cross-sectional population-based survey and explores the costs of IPV in a developing country, Nigeria, via a bottom-up approach (i.e., estimating costs across households).

Using a pre-tested questionnaire to solicit appropriate data, a dataset of 719 Nigerian households was collected. This was explored with accounting and economics methodologies such as unit cost analysis, household production and human capital approaches.

The resultant findings indicate that IPV is a major drain on household finances. It imposes an average unit cost per incident of ₦16,465.66 (approximately, \$83 US Dollars) on each household, despite the fact that large proportions of the country (approximately 100 million people) live on less than \$1 US Dollar per day.

The findings from this study provide a strong indication of the need for an urgent preventive action on IPV, so as to save lives and rescue people (both current and future generations) from poverty, in addition to reducing all other debilitating health, psychological and social effects resulting from it.

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